No. 2 January, 1916 Vol. IX.

Bulletin

OF THE

Ontario Hospitals for the Insane

A Journal Devoted to the interests of Psychiatry in Ontario

Printed by Order of the Legislative Assembly

FOR THE DEPARTMENT OF THE PROVINCIAL SECRETARY.

Printed by A. T. WILGRESS, Printer to the King's Most Excellent Majesty.

Every medical practitioner in Ontario is invited to interest himself in the success of the Hospital for the Insane in the district in which he resides. Every Superintendent realizes that the successful results aimed at in the modern treatment of the insane can be more readily secured by enlisting the co-operation and sympathetic support of the medical men who were formerly the physicians to the patients in their homes. The family Physician naturally watches with interest the course of the hospital treatment and should consider himself an honorary member of the visiting staff of the hospital to which his patients are sent for treatment.

PROCEDURE TO SECURE ADMISSION OF PATIENTS.

The Provincial Secretary desires that all cases that are likely to be benefited by treatment in a Hospital for the Insane should be admitted with the least possible delay.

(1) Where the property of a patient is sufficient, or his friends are willing to pay the cost of the Medical Examination, the family Physician should apply directly to the Medical Superintendent of the Hospital for the Insane, in whose district the patient resides, for the necessary blank forms. These being secured, they should be properly and fully filled in, dated, signed in presence of two witnesses by the medical men in attendance. They are then returned to the Hospital, and if satisfactory, and there is accommodation, advice will be sent at once to have the patient transferred.

(2) Where the patient has no property, and no friends willing to pay the cost, application should be made to the head of the Municipality where he lives, who, after satisfying himself that the patient is destitute, may order the examination to be made by two physicians, and a similar course to the above is then followed. The Council of the Municipality is liable for all costs incurred, including expenses of travel.

(3) Where the patient is suspected to be dangerously insane, information should be laid before a magistrate, who may issue a warrant for the apprehension of the patient and if satisfied that he is dangerously insane, may commit the patient to the custody of someone who will care for him, but not to a lock-up, gaol, prison or reformatory, and notify the Medical Examiners. The Magistrate should then send to the Inspector of Prisons and Public Charities, Parliament Buildings, Toronto, all the information, evidence and certificates of insanity. The costs incurred by this method form a charge against the County, City or Town in which such patient resided.

Voluntary Admission.

The Superintendent of a Hospital for Insane may receive and detain as a patient any person suitable for care and treatment who voluntarily makes written application on a prescribed form, and whose mental condition is such as to render him competent to make application.

A person so received shall not be detained more than five days after having given notice in writing of his desire to leave the hospital.

No. 2 January, 1916 Vol. IX

Bulletin

OF THE

Ontario Hospitals for the Insane

A Journal Devoted to the interests of Psychiatry in Ontario

Printed by Order of the Legislative Assembly

FOR THE DEPARTMENT OF THE PROVINCIAL SECRETARY.

Printed by A. T. WILGRESS, Printer to the King's Most Excellent Majesty.

TABLE OF CONTENTS

The Bulletin

OF THE

Ontario Hospitals for the Insane

A Journal Devoted to the Interests of Psychiatry in Ontario

*DEMENTIA PRÆCOX.

By Dr. J. C. Mitchell,

Medical Superintendent, Eastern Hospital, Brockville, Ont.

This subject has been selected for this paper because this psychosis is one of great importance. It is insidious in its onset, and its victims form such a large percentage of our insane population, that this disease should be one of great interest to the general practitioner.

It is a disease of the period of puberty and adolescence, and it is very essential that it be recognized in the early stages when prompt and correct treatment may sometimes check its development.

Juvenile insanities have been for many years the subject of much thought and study. In 1871, Hecker introduced the term " Hebephrenia," (from Hebe, Goddess of Puberty). In 1873, Clouston gave the term " Adolescent Insanity " to all psychoses arising in early life. In 1874, Kalbaum used the term " Katatonia " in describing a certain group of these cases. Later, Kraepelin, about 1897, placed all these cases under the name of " Dementia Præcox," and added to these all Paranoid cases in which there was mental deterioration, and all cases (except seniles) in which Dementia was an early feature of the psychosis. Deffenndorf, in his edition of " Clinical Psy-

*Presented before the Medical Chirurgical Society at Ottawa, on November the 19th, 1915.

chiatry," of 1902, first introduced Kraepelin's nomenclature to the English-speaking people, and it is now generally adopted.

The term "Dementia Præcox," is now applied to a large group of cases which are characterized in common by a pronounced tendency to mental deterioration in varying degrees, though frequently interrupted by more or less prolonged remissions. In a number of cases, the Dementia is of so slight a character, that the individual improves sufficiently to take his normal position in life's work. Frequently the disease takes the form of a simple progressive deterioration, but it varies greatly in different cases and has many manifestations. It is considered that in all cases of this kind there is some general mental deterioration, be it ever so mild, and the disease is always accompanied by a brain scar.

Defective heredity plays a very prominent part in the causation of the disease and it occurs repeatedly in the same family. The future patient might be expected to be rather dull in early youth and show difficulties in getting on with his studies. While this is often a fact, cases occur in young persons of ordinary intellect, and to those of brilliant, perhaps precociously brilliant faculties.

About 33 per cent. of the cases have only been moderately bright. About 20 per cent. exhibit mental peculiarities from early youth, such as depressiveness, affectation, eccentricities, precocious piety, impulsiveness and moral instability. At least 7 per cent. have always been weak-minded, and we characterize these, as cases of Dementia Præcox grafted on a basis of imbecility. Many have the so-called "shut in" personality, are always seclusive and never associate freely with others of their age.

In women, the child-bearing period seems to be an important factor, and we have many cases developing at this time. Conditions affecting health and strength of parents at times of impregnation or during pregnancy, as alcoholism, tuberculosis, extreme age or neurasthenia, may play an important role in predisposing the offspring

A great deal has been written about a possible toxic basis for the disease. Causative factors may be found in alterations in the internal secretion as of the thyroid or of the testicle or ovary, as the disease is so often associated with puberty.

The changes in metabolism in this disease are quite pronounced, and might find their explanation in a toxæmia.

In exciting causes we frequently find severe shocks, both physical and mental, as for example—severe hemorrhages, infections (often puerperal), fright, and that train of emotional disturbances following seduction and desertion. Particular stress should be laid upon mental factors in Etiology, and they should always be sought for. Sexual difficulties are frequently connected with mental breakdowns.

Jelliffe, in his excellent article on the features of the Dementia Præcox "make-up" quotes Sioli's study as to causations in this disease.

"My own observations on well-authenticated cases of dementia præcox, which I have been able to follow for many years, and whose parents have been well known to me, have shown that three elements have been most emphasized in the ancestry: dementia præcox itself, alcohol, and abnormal personality. Alcoholic parents have, in my experience, been most responsible for the Hebephrenics; in many instances the alcoholism has been a symptom of profound neurasthenia, or even a dementia præcox at a more advanced age, to which it in turn has contributed, and established a vicious circle which has left its impress in heredity. Pathological characters have constituted another most striking feature in my series of cases. Marital incompatibility, due to the inability of one or both parents to adapt themselves to common-sense relations, has been a significant factor in the parentage of many of the paranoid dements that I have been able to know well in the predementia stages. *Very often this incompatibility is only an index of a mind al-*

ready with its paranoid trend. This has had a marked influence on the education as well, which point properly belongs to the subject of our inquiry. One other class may be termed the "derelicts," themselves in all probability suffering in some slight degree from dementia præcox, coming on later in life, or incomplete dilapidations due to an early attack of præcox with partial recovery. Many of these group themselves in the alcoholic class, since with the advent of manhood they sink back in the struggle for subsistence and are unable to compass more than small clerical positions. Many of these are the semi-failures of life, those pushed aside in the struggle, and forced to be content with small returns. In my experience this class has contributed the greater number of all classes of precocious dements to the population."

Symptoms and Course.

It is usually impossible to fix a time when the disease begins, so slow and insidious is the onset. The initial symptoms are not noted. Later, a stage arrives when the patient becomes easily mentally fatigued; there is inability to do mental work; difficulty in fixing attention; there is headache; insomnia; ideas of bodily illness present themselves; the person complains of being ill; is readily hypochondriacal; he almost always complains of præcordial pain; restlessness; irritability and changes of disposition are noted; the individual cannot do mental or even manual work as before; he is unable to take in new ideas, to elaborate or properly co-ordinate them. At this time the person is often spoken to or talked of as being lazy; he is inattentive, indifferent; lacks interest in his surroundings; becomes careless about personal appearance, and is usually depressed. If attending college or school, he plays truant, or may run away from home.

Soon more decided changes are noted. The patient becomes slow, dull and heavy mentally; speech and thought are both inhibited, disconnected and disordered.

Sometimes the patient ceases to talk altogether and is

mute. If he talks, he is delusional, but the delusions are transient, changing, fragmentary, often painful and depressive in character, or they may consist of well-defined notions and feelings; sometimes vivid with ideas of persecution and occasionally think that they have been guilty of some sin or misdeeds; frequently think that they are being shunned by former intimate friends and imagine when they see people laughing that they are the object of their laughter.

Hallucinations are found in the majority of cases. That of hearing is most common but hallucinations of other special senses or of general somatic sense may be also present. Illusions often exist but are not very prominent.

The early symptom of depression varies greatly. In some there is simply a dullness and emotional indifference, while in others the patient gets gradually more depressed until he passes into a condition of stupor, and this condition may be quite prolonged. The period of depression may be attended with intervals of excitement when the patient may be quite noisy and disturbed. During the depressed stage the patient may think he is greatly exhausted and too weak to move or engage in any work and imagine he suffers from a variety of diseases. Later, they may pass more or less rapidly into an expansive period. Very often this change is greatly delayed and it may be that mental impairment is so pronounced that this expansion is only exhibited by conduct, and not by the patient's conversation.

In Paranoid cases the development of the expansive period appears earlier in the disease and is more pronounced. In these cases Dementia is not in such marked evidence. These various periods of depression and expansion extend over a variable period of time, from several months to several years. Finally the disturbed period subsides and the patient is left with mental deterioration which may be slight, moderate or very pronounced.

In a number of cases, impairment can scarcely be noticed and the patient may be said to have recovered. A real recovery without recurrence is rare, but it may occur, and patient continue to enjoy fair mental health. More frequently there is another attack after some months, or even years. Usually the mental impairment is more marked after each attack, and after several recurrences, the dementia becomes established.

The delusions are always changeable and rarely, if ever, systematized. It may be said that they are never systematized in Hebephrenics, seldom in Katatonics, but frequently in Paranoids. The patient may have ideas of self-importance or consequence with more or less excitement or exultation. As a rule they are childish and show decided mental impairment. Their conversation varies with the mental state. It is often filled with misplaced words or phrases that have little or no connection, or with words or sounds that have no meaning. It is quite surprising how well some of them can converse for a brief period and how clearly they remember events preceding the onset of the disease. Many of the cases are so slow in developing that the patient is quite lucid for a time and lucidity and memory are disturbed in proportion to the time that the excited and hallucinatory, on the one hand, and stuporous state on the other are established. It is often surprising how much of what has been occurring about him a patient will recall after recovery from a more or less prolonged stuporous state. As a rule they do not have as clear a recollection of events when passing through a disturbed or excited period.

Orientation is nearly always well preserved and the patient correctly appreciates who he is, where he is, and who is with him, but may not have as clear an idea as to time.

As dementia progresses of course all faculties suffer, as a patient ceases to be able to acquire new facts or properly initiate them. The judgment necessarily becomes impaired and is not to be relied on. The patient

cannot apprehend or comprehend correctly, and mental reactions show impairment. Emotional indifference and apathy become marked and they also show indifference to surroundings. There is usually a contentment with their surroundings which is not normal. There is a loss both of will and power to perform daily tasks. The self-control, the inhibition is weakened or lost, as impulses arising from delusive ideas may be given full play. The patient may become much disturbed, violent, noisy, destructive, and even dangerous. Occasionally he may attempt to injure himself, or even commit suicide. He may become quiet, talk little if any, and in fact may become mute. The stuporous condition which has been referred to, may be marked by muscular rigidity, and the patient may remain in any position he may happen to be placed; a condition known as cereaflexibilitas. At times he may stand around and perform simple acts by quiet direction. Other cases will be marked by negativism, that is, the patient will do exactly opposite to that requested of him. Ask him to stand and he will sit down. Ask him to sit down and he will stand, etc., etc.

This class of cases are resistive to every request made, no matter how kindly the nurse may be in her manner when asking them to do different acts. This resistance appears to be almost automatic, and no matter how uncomfortable a position the patient may assume, any attempt to alter it is firmly resisted. If the patient is made to assume a position of comfort, as soon as he is left to himself he at once resumes the uncomfortable one in which he was found, no matter how awkward that may be. They will resist taking food and retain both faeces and urine.

Every now and then such a picture of inability is broken in upon by some impulsive activity, as purposeless as it is sudden. The patient may turn a series of somersaults or repeat over and over some particular movement or a group of movements many times; he may tap on the wall or bed; rock to and fro; repeat any spe-

cial gesture over and over; in fact, he may be just as stereotyped in his movements as he is in his position. He may repeat some word or words or the same sentence (often without meaning or apparently senseless, for hours at a time). This verbigeration is quite common in cases of Katatonia. We had one patient who repeated over and over, for hours at a time, "Ring the fire-bell, ring the fire-bell, ring the fire-bell, Thomas Jackson can't get out." Everyone within hearing of this man became very tired of this constant repetition, and were very glad when he became quiet.

Again, restlessness of the patient may be exhibited by the most grotesque and extravagant capers. The patient may jump over chairs, attempt standing on his head, bound about the room, stamp his feet, clap his hands, or if in bed, toss about in a ridiculous fashion. This is an outcome of a psychical excitement and an expression of the expansive mood. The conduct may be very silly, outlandish or clownish. The patient makes faces, grimaces of various kinds, clicks his tongue, snuffles or makes a variety of sounds. He smiles or laughs without cause, and acts generally like an imbecile child. All the actions of the patient appear to come from unrestrained impulses, and over which no control whatever is exercised.

The Dementia exhibits itself in many ways very early. They manifest neglect, *indifference to their persons, become careless in their habits and their personal appearance.* There is a loss of the finer feelings, such as shame, sympathy, pride, affection, in fact, all the aesthetic qualities. This is particularly shown in the table manners. They eat voraciously, noisily, do not properly masticate their food, and neglect the use of the table utensils. Later on, they become very unclean and filthy in their personal habits, and masturbation is frequently practised.

The physical signs of Dementia, unless a greatly advanced case, are not well marked. The station and gait are not altered and there are no tremors. The

tendon reflexes may be exaggerated at times; the eye changes are not well marked except in the excitable stages, when the pupils are usually enlarged. Sometimes there appear sudden and repeated changes in the diameter of the pupils, but there is no inequality. Insomnia is very common. The appetite fails at first, and later usually becomes excessive. They may have indigestion, accompanied with the usual symptoms—coated tongue, constipation, etc. As a rule the digestive tract keeps in a fairly normal state. The circulation is usually depressed, but the pulse rate may be increased; the surface of the body cool; extremities cold, livid and cyanosed; the features dusky. The Thyroid Gland is frequently enlarged; the body weight in early stages is below normal, but after the disease continues for some time a good many of them gain in weight. The symptoms in individual cases vary greatly, but there is an underlying uniformity common to all.

Summary.

The *apprehension* is not much disturbed. except when it is distorted by hallucinations, which are very common.

Orientation is fairly normal.

The *consciousness* is usually clear, except in conditions of excitement or stupor.

The *voluntary attention* is greatly impaired, and in Katatonic states the presence of negativism inhibits all active attention.

The memory remains very good, except for recent events. There is, however slight, a progressive impairment from the onset of this disease.

There is a *poverty of ideas.* The train of thought to a greater or lesser extent is profoundly disturbed.

Distractibility and looseness of thought are marked, and in some cases there is *stereotypy* of speech and action.

The *judgment* is defective, and this becomes a basis for many delusions. The silliness of many of these

delusions show very markedly the lack of judgment exercised by the patient.

In the *emotional field* the disturbances are very marked; there is lack of interest in their surroundings and general deterioration in manners and habits.

There is a disappearance of *voluntary activity,* and yet at times a tendency to impulsive acts which are not inhibited.

There is a wide gulf existing between the *content of thought* and the emotional attitude. They will laugh or cry without reason and exhibit marked childishness.

The *capacity for employment* is greatly impaired. They may be trained to do routine work but utterly fail when given something to do that demands concentration of thought or the carrying out of new ideas.

Alienists have made many divisions of the disease, "Dementia Præcox" but we will mention the three that are in general use, viz.: "Hebephrenia," "Catatonia" and "Paranoid" forms.

It is only necessary to give a brief description of the symptoms of each of these types.

The *Hebephrenic* form is mildly maniacal, with hallucinations, delusions, emotional dullness and frequent depression. Sexual feelings play a prominent role "with childish idleness, and senseless laughter." Most of these cases become completely demented and a very small percentage, if any, recovery.

The *Catatonic,* a numerous class, is characterized by a peculiar condition of stupor and negativism, automatism and muscular tension. There is excitement with stereotypy, verbigeration and echolalia leading, in most cases, with or without remission, to a condition of mental deterioration. Many of these cases make a good recovery for a time, but are likely to be recurrent after a longer or a shorter interval. Some apparently remain well, or at least are not returned for treatment. As mentioned in the early part of the paper, there is in every case more or less mental deterioration. Attacks

coming on at menopause are usually the second attack, even if not previously recognized.

The *Paranoid* forms are marked by the prominence of delusions and hallucinations for several years, in spite of a certain amount of progressive Dementia. These delusions are frequently of a suspicious or grandiose nature.

The patients are often possessed of a childish vanity, and do not deteriorate as far as personal habits, appearance, etc., are concerned. Many of them retain a fair amount of judgment for anything outside of their own mental condition. They usually make a success of any work or games of skill in which they are interested. Very few of them recover, but many of them, if properly handled, make our better class of patients.

This variety of mental disease forms possibly from 65 to 75 per cent. of chronic patients in our Hospitals for Insane. We account for this statement by saying that the paretics and seniles do not live many years. The manic-depressive, toxic and exhaustion cases, together with drug fiends get better in a short time, leaving epileptics, imbeciles and a few from all other types along with Dementia Præcox class to make up the entire chronic population, in our hospitals.

On a visit to any one of our hospitals, you will find a great number of our people in all degrees of mental deterioration, from those that are slightly below normal to those where Dementia is so advanced that the individual has not much more mentality than a vegetable. The physical condition may remain so good that these persons may live for years, life apparently going on automatically.

A good many of this class of disease under proper care improve and go home to their friends, but in a large number of cases the home influence and surroundings are not of that nature to direct the patient into right channels, and too often he becomes discouraged and has to be returned to the institution.

If these patients could be provided at home with a simple routine life, they might get along very well, and earn or partially earn their own living. They are too often perplexed and confused by demands made upon them to do work that requires them to carry out new ideas, or even originate them. They become worried, fatigued and give way to impulses that make it necessary for them to return to the hospital for treatment.

A large number of these cases, if diagnosed early, can have their lives so arranged for them that they can get along fairly well in the world and make useful citizens. Those who have to spend their lives in our hospitals can usually be made fairly happy and quite useful if their habits are controlled and their energies properly directed.

Our alienists are now practically a unit in the belief that with proper occupation and personal attention much can be done to arrest mental deterioration. We have all proved that by a great deal of individual attention to each patient by the physician, nurses and attendants, much can be accomplished in the way of re-education; their lives made happier and better and also quite useful. Each case has to be carefully considered; the patient's life studied; the tastes and wishes consulted, and some plan devised that will arouse flagging interest. The fact that much can be done to retard Dementia cannot be over-emphasized.

It is not the purpose of this paper to outline a definite line of treatment, but to throw out a few suggestive ideas as to the general management.

We have taken up a good deal of your valuable time in giving you a view of this important disease as it has presented itself from our reading in standard text-books and our own personal associations with the numerous class suffering from this disease.

We will conclude with giving you a brief history of one of each type referred to in the paper, prepared by the youngest member of our Medical Staff, M. F. D. Graham.

HEBEPHRENIC D.P.

Family History.

Father and mother, sixty years of age, were born in England, but are now living in Canada. The father is said to be strongly addicted to the use of alcohol. Five brothers and sisters are in good health and the history *re* nervous or mental diseases is negative.

Personal History.

A married woman, thirty-four years of age, and the mother of one child, aged eleven years. She had one stillbirth two years after her other baby was born. She was educated in common schools until fourteen years of age. During childhood and early womanhood she was lively, good natured and cheerful, rather forward in manner and at times irresponsible in her actions.

She had a few of the ordinary diseases of childhood, but otherwise her physical condition has been good.

After leaving school she worked in a factory for eight years; the working hours were long and the wages poor —averaging about $4.00 per week. She was married at twenty-two years of age to a mechanic earning fair wages, and who has been able to provide a comfortable home for her.

History of Present Illness.

Had been living with husband and child in Ogdensburg, N.Y. In March, 1915, it was observed that she was becoming careless in her habits, neglectful of her household duties, was confused. For a couple of weeks no one paid any attention to this, but soon the change in her disposition became more apparent, and one day she became ill while shopping and was brought home. She remained seated in one place for hours, had outbursts of laughter without cause, and the existence of hallucinations and delusions was obvious. Auditory hallucina-

tions disturbed her; voices called to her and frightened her, and she attempted to hide in closets.

She grew restless and apprehensive; wanted all the doors locked and was afraid someone was going to carry her away. Complained of a burning spot on the top of her head, She was easily angered, was violent with those about her, and had suicidal impulses.

Several delusions were evident. She thought that an electric battery was in the cellar, and that the current was passing through her; at times she moved from place to place to escape the electricity. She would feel a heavy weight pressing on her which hurt her.

On the 10th of April, 1915, she was admitted to the St. Lawrence State Hospital at Ogdensburg and eight weeks later was transferred to Brockville.

Observations Since Admitted to Our Institution.

Physical examination showed nothing abnormal. She continued to admit auditory hallucinations and to exhibit the presence of delusions. On admission she was pleasant and agreeable, but restless, frequently asking to go home as she heard voices calling her.

She was not oriented; thought that she was in Prescott, Ont., and could not tell day nor date, although she knew the names of some of the nurses and patients. In the mental examination she co-operated poorly, was in poor contact and blocked at many questions. Her stream of thought was rambling, frequently giving entirely irrelevant replies. At times she talked to herself—said that there was so much electricity that it rocked the bed. She showed no interest in her surroundings and never voluntarily addressed anyone, but would reply when spoken to.

For a few weeks following her admission she showed great care in dress and appearance, but lately has become more slovenly; she forgets to button her dress, lace her shoes, or properly comb her hair. For hours she will sit with a silly, grinning expression on her face, occasion-

ally punctuating the silence with loud outbursts of laughter, resulting from no apparent stimulus. Her appetite is good and she sleeps well.

Wireless messages are received from different people; she imagines that her husband is in the building, drinking with girls, etc. Recently a new delusion has developed; she thinks that lime is falling on her head, and in order to prevent it from scorching her hair she wears a large handkerchief tied around her head, gypsy fashion.

Extreme dilapidation of thought is shown in any attempt at conversation and there is ample evidence of rapidly progressing dementia.

CATATONIC.

Family History.

Father, aged seventy-nine years, born in Ireland, is a superannuated Church of England clergyman living in Ottawa at present. He married a woman twenty years his junior and seven children were born to their marriage; five of whom are alive and two died in infancy. The mother is a woman of very decided views and nervous temperament, in whom the menses did not begin until she was twenty-one years of age. Their home life has not been happy. There has been decided incompatability of temperament. Father has terrible paroxysms of anger and temper in which he hammers the table and which irritate the family considerably and tend to make the home life uncongenial. The evidence of his impulsive disposition was not confined to his home, and he had several rows with his churchwardens and vestry meetings.

The maternal grandparents died of tuberculosis. One maternal uncle was considered mentally weak.

Personal History.

An unmarried woman twenty-five years of age, but in appearance many years younger. She was born in

Walkerville, Ontario, and has lived in Ottawa for the last eleven years. She had the ordinary diseases of childhood, but her physical and mental development during infancy and childhood were considered normal. The catamenia began at fifteen years, but are interrupted during the present psychosis.

Her education began at seven years, and continued until she graduated at eighteen years of age from the Kilburn Sisters' School at Ottawa. She made fair progress and was considered an average pupil, although stupid at arithmetic. The family's financial resources were never very great, and in order to assist in defraying the expense of her education, the patient worked at lunch hours and from 4 to 6 p.m. in a fashionable tea-room, earning $20.00 per month.

She passed the Second Division Civil Service examinations, and secured a position on Fishing Bounty, tenable for three months, earning enough money to receive some vocal training.

The following season she was presented at the Governor-General's Drawing-Room, and made her debut in the Capital's social circle. Always of a sweet, unselfish nature, merry and cheerful, full of fun and successful in her undertakings, she was loved by many friends and welcomed in all activities. Later on she got a clerk's position at $14.00 per month in the Bank of Ottawa, where she was employed until the first appearance of acute mental symptoms in March, 1912.

The patient says that from the time she started to work in the tea-rooms her life was feverish and discontented; other girls of her own age and training seemed to have so many more advantages.

When fifteen years old a chap aged twenty-three fell in love with her, and persisted in following her around much against her wishes. The affair frightened her greatly, but from that time her reading and thinking became more romantic. Three years ago she had a brief, happy love affair with a young Irish clergyman, a distant

cousin, who insisted that she promise to marry him before he went back to Ireland. Her mother was in the West at the time and there was no one with whom she could discuss her plans, and she did not like the idea of going to Ireland to live. After her fiance's departure for Ireland in July, 1911, she became sexually excited. She had dreams of sensual enjoyment with her lover. One night about eight o'clock she was lying on a sofa and a cat smelt at her nose, causing her to have an ejaculation. Until ten o'clock she was in a state of sexual ecstasy—could feel the embraces of her lover and imagined that he was having sexual intercourse with her. Later she suffered remorse for having entertained this feeling; went to church frequently and prayed about it. About two o'clock one morning she was awakened and heard the voice of God tell her to get up and sup with Him. God told her to spilt her womb in penance for her sin, and showed her the way to do it, which she did by cracking her legs together.

There was no marked mental change during the succeeding four months, but in the last two weeks previous to her admission here in April, 1912, rapid mental changes occurred. The condition fluctuated from day to day; suicidal tendencies and violent paroxysms were followed by a seeming collapse. She remained almost motionless for days, refusing nourishment and sleeping only about two hours out of twenty-four.

On the 13th of September, 1911, she was removed to Verdun Hospital, where she remained in a state of physical collapse until the 31st of January, 1912. The Verdun Hospital authorities thought she was going to die, and her mother took her home in February on that account.

After her return home *verbigeration* was a distressing symptom of the case; she repeated the same phrase for hours, and sang the same songs over and over again for days and nights when sleepless. Sometimes she would beat and rub her head and frequently spit and make

grimaces. For a time she seemed to realize her condition in a vague way and asked, "Why cannot I go out as I always did? Am I out of my mind or what?" She wanted to shoot herself, and tried to swallow her watch to cause appendicitis.

On the 12th of April, 1912, she was brought to this institution in a restless, excited condition. Her *movements were impulsive;* she would lie quietly in bed for a few minutes and then suddenly jump up and make a rush for the window. *Muscular tension* was a prominent symptom; she would sit up in bed with all her muscles quite stiff and stare in one direction. The characteristic *Cataleptoid attitudes,* or *Cerea Flexibilitas,* were assumed; she would remain in any position in which she was placed; if a limb were extended or flexed it would remain so. *Negativism* was a feature. The nurses thought on several occasions that she was trying to hang herself by tying a towel around her neck and struggled with her to prevent it. When a towel was given her she placed it around her neck, and we told her to pull it as tight as possible, but she stopped and would proceed no further. At times she would repeat in a low voice, "I am guilty."

Treatment.

Continued refusal of nourishment necessitated tube-feeding for a few weeks. Quiet and restraint were obtained by the continuous-baths and warm packs. These proved quite effectual and were grateful to the patient.

Probation.

In August, 1912, the condition had cleared up, and on the earnest request of her parents we allowed her to return home on probation. A couple of months later a letter was received from her father, stating that she was getting along exceedingly well, that one would never know that she had ever suffered from any mental disease. We discharged her from our books, recovered.

Return to the Institution.

On May 5th, 1915, two years and eight months later, she was brought to our institution in a strait-jacket. After leaving home she was perfectly normal in every way, but about five weeks previous to her readmission an untoward alteration in her conduct was observed. There was practically a recurrence of the former symptoms.

She has been very difficult to care for. Would keep on no clothing whatever most of the time, so she was pinned in blankets to keep her from catching cold. The symptoms were practically similar to those described in her previous attack. She had periods of stupor intermingled with sudden impulsive movements in which she would turn somersaults or roll around the floor. Once she placed her head on the edge of a table and turned a flip backwards on the floor.

About three weeks ago she became so destructive and stuporous that we gave her a course in the continuous baths for seven hours a day for six days. Ten days ago the clouded state disappeared, and she now seems more like her natural self.

She talks and acts quite rationally, but close observation would suggest the possibility of an appreciable degree of dementia. She speaks unreservedly of her sexual difficulties and has not a good insight into her condition as she cannot understand why she is here. She asked in an anxious manner if it were possible for people to commit fornication from a distance. The delusion about splitting her womb for penance, etc., appears to be fixed.

PARANOID—DEMENTIA PRÆCOX.

Family History.

The patient's father had a nervous breakdown at the age of twenty-five, and the mother was of a very nervous,

emotional temperament. They were married at the ages of twenty-seven and seventeen respectively, and there was no consanguinity. The family consists of two brothers and three sisters between the ages of thirty-one and twenty-one years, all stated to be in good health. One brother died shortly after birth of some defect in the circulatory system. The father is now sixty years old and is a wealthy business man. The mother died at the age of thirty-two from peritonitis, and he married a second time.

Personal History.

An unmarried man twenty-five years of age, born in Toronto. During infancy he was very nervous and had rectal trouble. He began school at seven years of age, and for a few years was attentive and made good progress; in fact, he was rather a precocious child. In disposition he was reticent, retiring and erratic. Up to the age of puberty his peculiarities did not attract any special attention from the teachers or friends, but from that time mental anomalies became more evident. Some of his efforts showed a brilliancy which was not sustained; his powers of attention and concentration were impaired, and he would jump from one task to another without bringing any to a successful conclusion. He would not keep at any employment for any length of time, was not amenable to discipline and would not acknowledge the authority of his parents or teachers.

At about seventeen years of age the hypersensitive disposition of childhood gradually blossomed out into fixed ideas of persecution. He thought that everybody was his enemy—more especially his own relatives, with whom he became more and more disagreeable, although strangers, on brief acquaintance, thought him pleasant and entertaining.

He went in for athletics with more vim than judgment and on account of his lack of self-control received a good many hard blows. His digestion was not good for

some years, and masturbation was a result of the mental condition. He kept running from one doctor to another, and was operated upon for appendicitis, varicocele and circumcision.

The mental changes became more progressive. He became more restless, impulsive and perverse. His step-mother and sister were afraid of him, and the father, realizing the serious nature of the condition sought the best medical advice available. He was treated in private sanitaria as a border line case, and thousands of dollars were expended in a vain effort to find a cure.

For a year before his admission to our institution he would not live at home, charged his parents with all kinds of imaginary evils, and threatened to shoot his sister and step-mother. The father attempted to secure employment for the son in his own factory. The son proved to be useless there, yet the father paid him wages out of his own pocket, his partners refusing to pay wages without securing services. It was seen clearly that he was getting worse all the time, and it was decided that with such prominent delusions of persecution it was best for himself and society that he should not be at liberty, so he was sent to us in March, 1913.

Condition Since Admission to Institution at Brockville.

He is completely oriented, temporally, spatially and personally. There is a certain degree of *somato-psychic disorientation* as he imagines that he has a sort of pressure in the frontal region. He is able to answer all questions in a satisfactory manner, but it is impossible to keep his attention long on one subject, unless that one subject be himself. His memory for events, recent and remote, is good, but his *judgment is poor,* and he has no insight into his condition.

Grandiose and persecutory delusions are prominent features of the case. He says that he is the victim of a

conspiracy hatched by his father and one partner who, recognizing his importance in the firm, had decided to eliminate him at any cost. This man was aware that he is or ought to be the chief stockholder in the firm, consequently it was necessary for the success of this partner's schemes that he should be out of the way. His father being, in the patient's opinion, simple-minded and easily influenced, was a willing and unscrupulous victim. Another delusion is that he has a far superior education to ordinary people, and is a perfect master of at least thirty subjects. He also claims to be a great athlete and a geologist, although he is absolutely ignorant of the simplest geological terms.

He is very neat about his dress and person, and exhibits *childish vanity* in following out little fads in dress, etc. Casual observance might be misleading, as for long periods the patient is apparently harmless until his mind is turned in the direction either of his own imaginary greatness or imaginary persecution.

He is now privileged to go around the grounds by himself, and he walks about the lawns, plays tennis and takes an interest in all outdoor activities. His mental condition is not improved any, but he appears to be doing well under the custodial care afforded by our institution.

A PSYCHIATRIC ANALYSIS OF A LETTER OF A DEMENTIA PRÆCOX.

By Lewis R. Yealland, M.D.,

Physician, Hospital for Insane, Mimico; Assistant Psychiatrist, Toronto General Hospital.

Mental manifestations are probably in no way better displayed than in the letters written by patients suffering from mental disease, and in view of this fact, such patients should be encouraged to write letters, and the physician in charge devote considerable attention to their psychiatric study.

It is a well-known fact, to those accustomed to visit daily large numbers of patients suffering from mental disorders, that many present various psychic phenomena which inhibits their accessibility. In some cases the patients are negativistic, the eyes are closed, the heads turned away when spoken to, or they may silently gaze into the distance heedless of their surroundings. Others may be so apprehensive that no stimulus is great enough to find elaboration, and consequently it is impossible to elicit an answer from them. Then again, some may be beset with delusions that those around are parties directly concerned with regard to their persecutory ideas. Such is the condition of the patient who is the author of this letter.

The letter that I am about to analyse is that of a large powerfully-built unmarried woman of thirty-five, appearing however, somewhat older, with a large strong face, fair hair and gray eyes. Her chin is firm and the lips closed, apparently voluntarily, and when she looks at one it is with a fierce, disgusted frown. Occasionally fine twitchings of the muscles of the face may be seen. She keeps herself tidy and clean, crochets for herself, but will do no work in the cottage or assist the nurses at all. She

has not spoken to the medical staff for a long time and considers herself too dignified to talk with the nurses. Sometimes she will become uncontrollably violent, at which time she will assault any one interfering with her, but ordinarily she is quiet and reserved, preferring to separate herself from the other patients, sitting alone apparently brooding over the delusions of which she is an unfortunate victim.

In the consideration of processes concerned in the psychical phenomenon all processes and complexes must be dealt with. Firstly, those connected with the ingoing or afferent impulses, and with this phenomenon sensation together with those abnormalities including such perversions as illusions. Under this heading hallucinations also may be considered. It must, however, be kept in mind that in this process there are no recognizable external stimuli. Secondly, those connected with the motor or efferent pathways together with volition. Thirdly, processes concerned in the association of the first and second, and under this heading such phenomena as judgment, memory, emotion, thought, sentiment, etc. It will be my purpose to set forth a few of the most prominent symptoms manifested in the letter which follows:

Mimico, July 21st, 1915.

My Dear Brother:—

Received your welcome letter over a month ago. I am ashamed to be so long in answering, but for some reason it was not convenient for me to get a chance to answer before. I came to cottage one from cottage five in April, I think, and my box of paper, etc., was left in my trunk and I didn't see it again till the other day. I wanted to write at once and congratulate you on the advent of the baby. Hope she will keep well and strong, then she will not be so much work soon or else more work when she gets on her little feet she will be into everything I suppose like the kittens you know. So you have a number of your old neighbors about you. That must be nice for you. I am so sorry about the G's. Mrs. I. looked very miserable when I saw her last. It may be the best thing the boys could do to go to the Sanitarium. They stand a good chance of being cured there, don't they? I haven't been at all well. The first three months I was here I slept well. Since that if I have three good

nights' sleep at a time I am lucky. Night after night I am annoyed all night long and all day the same. All last summer I was very weak and miserable. It seems absurd to ask me how I am and if I am well, when all the world knows how shamefully I have been treated since I came here. I have been struck by the patients, set on by the attendants, and got no end of impudence at the hands of the doctors themselves to my face and they have threshed me night after night here through my heart for months back and laughed in my face the next day to see if they couldn't drive me mad. The patients have had most inhuman treatment here since I came here. I understood it was all on my account. I don't know why. I am sure none of them could have suffered more than I have. Of course you know what went on at home before I left. You know I wasn't to blame for that as well as I did. It's just the same. Everybody death on me, because I don't interfere with anybody or anything. Mind my own business the same as usual. The same unreasonable, inconsistent work as usual. I thought in an Asylum one was supposed to be free from past annoyances and that they were taught to forget them. (I have steadily had everything that annoyed me before I came here (all my life back) thrown at me by the doctors themselves, night and day, just to give the patients something to clack about around here. They kept me awake night after night last summer and forced things out of my heart (with their own clack and gabble) (through my own lips) to see who would gabble and clack the most about my affairs. See who would beat. And all the time the doctors pretended they were so upset by the patients' clack they didn't know what to do. The beauty of it is they steadily put the patients up to clack by clacking themselves in the Executive building night and day. If they don't do it, Dr. Beemer himself does it across the way. I wanted to see Dr. Beemer about my affairs privately as I had a strong suspicion that people were interfering about my affairs who had no business with them, but Dr. Beemer declared he would run my affairs through Sluts, whether I wanted him to or not. He never consulted me about anything. One day he told me (last summer) that he would speak to me about my affairs but he never had time. I think there is scarcely anyone in this Asylum the doctors haven't consulted about my affairs, but they haven't had time to discuss them with me they have been so busy handling my affairs outside. Interfering with things they have no business with and threshing me for it. You must have had a lot of work to do with so many cows. I wonder how you managed to get the seeding in with so much to do, and Mrs. A. sick, too. It must be nice for her having her mother near her. Pearl is a very nice name, isn't it? I hope Mrs. A. is quite well and strong again. How old is baby? Are you keeping well yourself? I hope you won't work too hard and lay yourself up. I am afraid you have too much to do. It's not very good hay weather here. Not too wet you know, but showery. It's not long ago since they had floods in the west the papers said. There

are good reports of the wheat crop. The war is still going on. A terrible war, isn't it? We hear great cars of soldiers passing the gates here to train (at Niagara, I suppose). Some weeks they pass every day. I enclose a Receipt for Hair Oil or Hair Wash and would like you to find out if you can get it for me at the Drug Store, please. My hair is so dry and falls out so much all the time. When I comb it. There is so much irritation in the scalp too. I have tried everything I could get here, but nothing does any good. I prefer my old Remedy but it is so awkward to send in a bottle. (You remember Equal parts of Alcohol and Castor Oil and an ounce of Almond Oil. That or anything else you can get will do so long as it does not color the hair. I believe Danderine is good, but I dont know whether it tends to dye the hair or not. If you can afford it will you please send me some White Cotton Thread also. Six spools of No. 36 and 6 spools of No. 24. You need not bother coming to see me. Its only a useless expense. You must have plenty of ways for your money. I am not at all lonesome and would be very well satisfied if I could get a rest. In fact I have been so easily pleased here that everyone is or has been spiteful about it as usual. I daresay there is not much to gush about as the food is little better than pig feed for the patients. We see the hired help here living on the fat of the land and well-payed in wages for giving impudence. Of course they must have the same as the Drs. get. The Drs. seem to be very much in their power. They cant move without permission from their Sluts. Their wives are no better. Just for Impudence to other people they choose to make pets of what they call the Nurses here. The Drs. are steadily putting the patients up to run one another and make things disagreeable. Because their Sluts do nothing but quarrel. Too well off you know. Of course the Drs. give them everything they want that way. Their wives etc., are no better you know. How jealous they all are of the patients (paupers working for their board) while they have the so-called Nurses lying in bed here for months. The Drs. put the patients to wait on them, make clothes for them. Any amount of attention from the Drs. etc., and the patients when they are ill can lie there and die. Never get a thing done for them thats right. Must close now. Hope you and Father are all well. Babe also.

Wishing you all Prosperity and Happiness,

Your sister,

M. A. A.

Three or four patients dying here in a day. M. A.

The above letter, it will readily be observed, is not one of an educated person, and the degree of intellectual development is not great. It will be at once seen that in the field of orientation there is almost imperceptible disturb-

ance, the date is correctly given, together with the place, cottage number, and references are repeatedly made to nurses, doctors, and patients. Recognition of the environment and comprehension of what takes place around are, however, distorted to a considerable extent. She realizes what actually occurs, but confuses this with the various falsifications, so that fabrications follow, and consequently there are expressions given to experiences which are not the result of external stimulus, but the result of various distortions caused by the hallucinations and delusions. Real impressions are not understood in their true light so far as the ego is concerned.

On casual observation of the foregoing letter it would appear that retentiveness and impressibility are not impaired to any appreciable extent. References are made without difficulty to old friends at home, together with solicitations as to their personal welfare, and there is an apparent cognizance of events of the day. The more minute recent impressions may be, however, somewhat impaired. Examples of this may be observed in her failure to recollect the date on which the transfer from one cottage to another was made. She placed the notepaper in her trunk, but actually did not recall that she had done so. Correct references are made to the letter she is answering, which is before her, but when she refers to herself or to her surroundings she is markedly confused, mixing realities with unrealities, the impressions of new experiences being wrongly interpreted.

The hallucinations correspond in nearly every detail with the general trend of the delusional state, that is, they are dependent upon and agree with the persecutory ideas. It would therefore follow that it is the content of the delusion that gives rise to the production of the hallucinations in this case. Hallucinations depending upon the influence of one person over another are very marked, not only is she herself under some powerful influence, but also those who are around her, nurses and patients, are dominated by unseen agencies that control the lives

of others. The most prominent hallucinations here are of an auditory nature. Examples of this are seen in, "I have steadily had everything that annoyed me before I came here, all my life thrown at me by the doctors day and night, clacking themselves in the Executive building night and day," "they kept me awake night after night last summer." "Dr. Beemer declared he would run my affairs through Sluts whether I wanted him to or not." "Interfering with things they have no business with." Other hallucinations are of a tactile nature. Evidences of these may be seen in such expressions as "Threshed me night after night here through my heart for months back." "Forced things out of my heart.'" "Threshing me for it."

Defects in judgment are characteristic in many places. It is apparent that she is absolutely incapable of adapting herself to conditions as they exist here in view of the many delusions which have entered into her life. It is possibly the inability to grasp the meaning of the surroundings that causes her to be so irrational. This defective judgment gives expression to systematized delusions of a persecutory nature which are so outstanding in the above letter, there being a falsification of apprehension of self and environment. Some of these are as follows: "Sat on by attendants." "No end of impudence at the hands of the Doctors." "Threshed me night after night through my heart." "Laughed in my face." "Everybody death on me." "Unreasonable, inconsistent work." "Past annoyances." "Not consulted." "Interfering." "Three and four patients dying every day." Suspicion plays a prominent part, as does also egotism. In spite of the fact that Dr. Beemer has conspired against her she wants a consultation with him regarding her affairs. Advanced deterioration is not, however, present, there being fair ability to express herself. There is a misinterpretation of any remark that may be passed, and this leads her to be mistrustful and suspicious. The hands

of doctors, nurses and patients are joined to create misery for her.

The disturbance of intellect is present to a considerable extent as would be expected from one suffering from such perversions and falsifications, but, as has been suggested before dementia has not progressed to a great degree. On the other hand there is a marked deterioration in the emotional life altogether out of proportion to the former. Not once has there been expressed a desire to return home, and the sympathy and solicitations that appear to be expressed in the first part of the letter toward her brother are merely of a superficial nature. Following the clouding of her mind by peculiar delusions and hallucinations she expresses herself: "You need not bother coming to see me. I am not at all lonesome." "I would be very well satisfied if I could get a rest." "I have been so easily pleased here." Emotional indifference is portrayed here. The great space she takes up in her detailed description of insignificant wants would indicate that her desires are few and small. The fact that people are spiteful and jealous of her would suggest that she is satisfied with her own ideas and behavior.

At such times as she becomes abusive she also becomes angry, but to soon quiet down, changing the subject, and suggesting the sanguine temperament. There is an apparent loss of the sense of shame, which is characterized by the anti-social language in various portions of the letter.

Altogether it would appear that there is a ready amenability to the expression of unpleasant circumstances; this gives rise to irritability. There is a general feeling of displeasure as to the environment. Outbursts of feeling are noticed whenever she refers to nurses, doctors, or patients. At the outset it would appear that she is anxious to confine her remarks to a pleasant line of conversation, but in spite of this tendency there is an uncontrollable desire to return to the ego.

Voluntary attention is markedly disturbed. What the controlling force of interest in this letter is, would at

first sight be hard to make out because of the rapidity with which a pleasant line of apparently solicitous conversation is changed to one of extreme abuse to those caring for her. This is clearly seen in the first part of the letter, after speaking of the welfare of her brother followed by the ill-treatment she is receiving, together with many expressions of persecutory delusions. This rapid transition from one thought to another is characterized by "interfering with things they have no business with and threshing me for it." "You must have had a lot of work to do with so many cows." The next marked place distractibility of attention is seen is after her small request for some hair oil and other novelties, followed by some more abuse for those in charge of her. It is only by accident that she is seen to sometimes wander past the ego.

There is a formation of peculiar phrases and new-coined words. Example of this is in "clack and gabble," "gabble and clack," "clack and clack." Then, again, disturbance is seen in words that betray an uncontrollable use of obscene language, indicating the dulled condition of the moral sense.

Volition, of course, is impeded to some extent, by internal influences associated with falsified concepts, so that the normal will is forcibly suppressed. Examples of this: "It was not convenient for me to get a chance to answer before." (Opportunities every day). "All last summer I was weak and miserable." "It seems absurd to ask me how I am and if I am well, when all the world knows how shamefully I have been treated since I came here." There is no complete suspension of voluntary activity, nor is there absence of energy, but energy exercised is of a selfish nature. Stereotypy is seen in the repetition of such words as, "clack and gabble," "gabble and clack," "patients" "clack, clack, clacking."

Introspection is characteristically revealed, for example: "Taught to forget the past." She apparently realizes the existence of something that would have been

better forgotten. Then, again, "All my life thrown at me by the doctors."

The whole letter betrays a strong tendency to irritability. She is suspicious of everybody. "People interfere." "Drs. consult about my affairs." "Busy handling my affairs outside." "Drs. much in their power." "Make pets of nurses." "Falsehoods." "Nurses in bed." "Patients die."

In conclusion, it may be said that the cardinal manifestations may be summed up in the following quintette, viz., Defective judgment, emotional deterioration, hallucinations, distractibility of attention and volitional retardation. These symptoms, from my viewpoint, are generally characteristic of dementia præcox.

REPORT OF A CASE OF PARANOID DEMENTIA PRÆCOX.

By George C. Kidd, M.B.

Acting Medical Superintendent, Hospital for Insane, Cobourg, Ont.

A great deal of discussion has taken place as to just what cases are properly included under the head of Paranoid Dementia Præcox, but the fundamental fact remains that we find, in Dementia Præcox cases, presenting the paranoid syndrome, marked delusions of persecution or grandeur, preservation of lucidity and, perhaps, hallucinations of hearing.

These patients always have a feeling of self-importance, and unless this is encouraged, their delusions of persecution become more marked as they feel that their worth is not being appreciated.

V. A., 35 years. M. Roumanian.

Personal History.

Patient says that she was born in Roumania, about 35 years ago. Her mother died when she was very young, and her father, a contractor, put her and her sister in charge of some woman. It appears that he signed a ten-year contract with this woman. Patient remained with her for twelve years and learned dressmaking. In the meantime her sister married. Patient went to live with her when she was about fifteen years old. She says that she quarrelled with her sister and after a short time went to live with her brother. She did not remain with him long, as she quarrelled with his wife; then returned to the woman who brought her up, but she would have nothing at all to do with her. After this patient was cashier in a restaurant in Sophia for six months. While there

she says that someone wrote anonymous letters saying that she was keeping a house of ill-fame. Although she was proven innocent, she says that the policeman followed her about the streets for several weeks afterwards. She was promised a good position by an employment agency, but when she arrived at this place she found it to be a house of ill-fame, and it was raided while she was there. Shortly after this, she met a street singer, and they travelled about the country giving concerts. She did not like this, because she met so many men, and one man cut her throat and tried to poison her by putting something in her coffee. Then she secured a position as housekeeper for three weeks. Her employer gave her money, and she ran a restaurant for some time. When asked why she gave up her business she replied, "I was never at any place any longer and usually left because the young men troubled me." After this she lived with a Greek for seven years, but they never married. Says she had a great deal of trouble with this man, and sailed for New York about seven years ago to join her sister who was working in Montreal. She worked in New York for six months and then went to Montreal where she worked for the same period of time. Then went to Toronto and worked at Eatons for three years. Left about two years ago and has not done any work since. She denies using alcohol or drugs. Her sexual life has been irregular and her blood serum gives a positive Wasserman.

Present Illness.

It is difficult to ascertain when our patient's mental illness began, but it is quite evident from her history that she had not been strong, mentally, for years. She managed to get along until she was about thirty years old. While working at Eaton's she was not very well and bought some medicine which had cocoanut oil in it, and the cork flew out of the bottle. She felt very dizzy after taking this and her face became swollen. She was very much frightened and asked her physician to change her

medicine. About this time she had a sensation as if a ball were going up and down. It would start at her abdomen and go up to her neck as if it would choke her. Her heart beat fast and then slow. At times her left arm and left foot became numb and would feel dead. This numbness would last for weeks and she thought she was paralysed. One night she went into a drug store to get a prescription filled, and after she got the tablets she would not take them because, while she was buying them, she heard some men in the drug store talking, and she thought they were talking about the pills she was buying. She refused to work and wandered about the city, changing her boarding house every few days. Was certified to and admitted to a hospital for the insane.

MENTAL STATUS.

Orientation.—Patient is well oriented as to time, place and person.

Memory.—Is very good for past and present events. Train of thought is undisturbed, except for some circumstantiality indulged in during the description of her delusional experiences.

Attention.—It is not difficult to obtain or retain her attention, although at times there is a tendency to revert to a description of her delusions.

Hallucinations.—When questioned about these, she laughed and replied, "You are asking me a secret, and I cannot tell secrets."

Judgment and Insight.—She has no insight into her condition.

Delusions of persecution are very marked. "My sister and the German Emperor have put Canada into trouble." "I was arrested because I was mixed up in politics. Some man wanted to kill himself and I went and stopped him, and this started the trouble. He went to a lawyer to try and steal me. Wherever I went the lawyer would follow

me and he would tell any man who spoke to me that they would be arrested. He had three men arrested and kept in gaol for two weeks. I joined a lodge and this lawyer turned all the members against me. He tried to arrest me for killing and told every one that I was a spy. When he failed in this he got the lodge and the doctor and the Government to give me medicine which had poison in it." " I get poison every day and I can prove it. I am so weak inside. I can tell twenty minutes afterwards. You think it is a delusion but it is not. The black smear can prove it. The nurses spy on me and I asked the nurses why they work on the sly. Last night I got slow poison tea. I drink three times from the cups and it comes up in my chest and I get dizzy."

When asked about Roumania joining the Allies, she replied, " Roumania cannot fight until I say so."

General Observations.

Patient is up and around the ward and out for exercise every day. Her appetite is good and she sleeps well every night. She is neat and tidy in her personal appearance and makes her own dresses. She refuses to do any work and seldom associates with the other patients. Seldom speaks unless spoken to and then it is usually to complain about the poison that the nurses have put in her food. In spite of this she makes no resistance against remaining here, and is becoming more indifferent. She often hands me letters addressed to His Royal Highness, German Emperor Kinston. (I am unable to read these).

Physical Examination.

The physical examination did not reveal anything of special importance.

In conclusion, I may say that I thought that this case might be of interest to the readers of the BULLETIN, as it brings out the characteristics of a class of mentally ill patients who are usually dangerous to be at large, but who get along exceptionally well when treated in hospitals for the insane.

"A VISIT TO DR. HEALY'S CLINIC."

By H. A. McKay, M.B.,

Resident Physician, Ontario Reformatory, Guelph, Ont.

Following the interesting and profitable reading of Dr. Wm. Healy's last book, "The Individual Delinquent," it was my privilege to visit Dr. Healy's Clinic, and observe the work he is doing in Chicago Juvenile Court.

The work has been carried forward in Chicago as in no other city of America. It was felt that many of the children passing through the Juvenile Court were criminal because defective. People interested in social reform subscribed sufficient funds from philanthropists to guarantee salaries for a staff and to buy equipment for carrying on special research for five years on cases suspected to be deficient.

Dr. Healy was asked to take charge of this research. He was a man well known then as a neurologist and psychologist. He had offices in the Chicago Detention Home with laboratories, as well as at the Juvenile Court.

The Detention Home has accommodation for 120 patients. It is under a lady superintendent, with one resident physician specializing in psychopathy. This home is not under Dr. Healy, so that he has not the onerous work of administration. Suitable cases are simply remanded for examination. He works in harmony with the Judge of the Juvenile Court, as well as a staff of five physicians at the Court. He sits on the bench with the Judge three afternoons a week, and advises what disposition should be made of peculiar cases.

Dr. Healy has associated with him Dr. Bronner, a brilliant psychologist, who makes the laborious and detailed psychological tests. Use is made of the Binet-Simon tests, but for bright cases or those over twelve years of age, he places emphasis on the special tests which he devised, and which are carefully explained in

his writings. Dr. Healy makes a thorough physical examination of every case, takes a careful history from the child, also from the relatives or friends. He has also the story of the crime from both the child and the court. Then, too, he has the assistance of some one hundred and sixty parole officers, who are mostly superior people, and who take a great deal of interest in the welfare of any children coming under the eyes of the court. These officers are able to give an account of many incidents in the street life of these children, of which even the parents are ignorant. The parole officer has a sympathetic and intimate knowledge of the life of those children under his care. In many cases, he takes them to and from school; he visits them in their homes, and specially is this true of children placed out with foster parents.

In suitable cases, Dr. Healy does psycho-analysis. He is a calm, amiable man, intensely enthusiastic and admirably fitted for this work. He insists on quiet and privacy so that the patient's mind is not distracted, nor is he embarrassed. They soon feel that they are in the hands of a friend who will give them every assistance. Consequently he gets an accurate history, excepting in those rare cases he describes in "Pathological Liars and Criminals."

The disposition of the case depends on the diagnosis. Many cases are sent to institutions for idiots or imbeciles, others are sent to educational schools for slow children, others to various houses of correction. A few of the able, older boys are placed in the Army or Navy, where they are under strict discipline until past the stage of adolescent instability. Again, some seem to drift into criminal ways, due to environment. Such are placed with foster parents in good parts of the city or in the country.

In a great many cases, wonderful results have been obtained. By sympathetic assistance and change of associations and labor, many have been reclaimed from criminal paths, have steady employment and have become useful citizens.

MEDICAL EXAMINATION OF THE INSANE.

The attention of physicians who examine patients said to be insane is called to the following Statutory requirements, many of which are ignored or treated with indifference, thus resulting in their examinations being useless.

1. Every Insane Patient must be separately examined by two Physicians.
2. Each Physician must certify on the prescribed form that in his opinion the patient (giving his name) is insane.
3. Each Physician must state the facts upon which he has formed his opinion.
4. These facts must include (*a*) his personal observations, (*b*) the information supplied by those who have the patient in charge.
5. The Certificate of Insanity must be signed and dated by the Physician, who must also state his qualifications and have his signature witnessed by two persons.
6. If the Patient is an indigent and has been or is to be brought before a Magistrate, the Certificates of Insanity should be handed to the Magistrate, but if the patient is to be admitted as a private case at the expense of his friends, the Certificates with the History and other papers should be sent by the family Physician direct to the Hospital where admission is desired.

Notwithstanding the fact that the admission of the insane has been made as simple as possible, the Department in charge is constantly in receipt of documents from Physicians which are insufficient, irregular, and therefore

useless. Physicians should remember that it is not a light matter to deprive a person of his citizenship by declaring him to be insane, and for this reason the Act requires that definite answers be given to the questions asked respecting the appearance, conduct and conversation of the alleged insane person; also that a definite statement be made of the information supplied the Physicians by those in charge of said patient.

Neglect of these requirements results in unnecessary delay, for which no one is more to blame than the examining physicians.

Let it be understood by all physicians and friends of the insane that patients are not received into the Provincial Hospitals until a notice has been issued stating that there is accommodation for them; neither can patients be legally detained in custody in the absence of the Statutory requirements.

THE RECEPTION HOSPITAL.

A few remarks of a rambling nature in regard to this new feature in the treatment of the insane. A discussion of some problems more or less foreign to the regular institutions, by the Resident Physician, W. J. McLean, M.B.

The Reception Hospital has now passed its first birthday anniversary and has been in operation about fifteen months. As this work is new a short discussion of the purpose, the work undertaken, the results obtained, and the new problems that have arisen and will have to be faced in the carrying on of the work, may, it is thought, prove of some interest to the readers of the Bulletin.

For the sake of those who have not been in close touch with this new departure and, with apologies to those who have, it may be first said that the Reception Hospital is a hospital for admitting and treating incipient cases of insanity, a place where they can be admitted with the least possible delay, without the necessity of certification, and where the patients may be kept under the observation of medical men specially trained for this work. If the patient is found to require prolonged treatment, he is passed on as soon as convenient to the regular Hospital for the Insane. If found to be normal or able to get along outside they are discharged back to their friends, after sufficient observation. If there seems to be a promise of recovery in a short while the patient is put under the proper and rational treatment, and kept in the hospital if necessary, for as long as two months. This is, in short, the work of the hospital, and the question might fairly be asked if this is not a duplicaton of the work done in the regular institutions, and what special field there is for the Reception Hospital to fill.

Many patients have come to us suspected of being insane, who, but for this hospital, would have gone to the

regular institution. A brief observation has shown them to be able to get along in the outside world. Many others have come to us quite evidently mentally sick, who, after a few weeks' rest and treatment, have gone back into the busy world and many of these are making good, even in these times of stress. In this way many have been kept from going to a hospital for the insane and saved from that prejudice, which, wrongly and unjustly, but none the less most surely, still clings to those who have been patients of the hospitals for the insane.

Again, many have passed through our hospital to the regular institutions, who should be there, but who would not be there were it not for our hospital. Medical men sometimes find it impossible to get the friends of people, even dangerously insane, to consent to their detention in the Hospital for the Insane. Many of these readily consent to bring these patients to the Reception Hospital, and the first step having been taken they respond to reasoning and advice, and the further transfer becomes a matter of ease.

Of great convenience to friends and medical men, and of benefit to the patient, is the fact that patients can be admitted with the least possible delay. In the other hospitals there might often be a delay of some weeks, whereas, a patient can be admitted here at once. For instance, a doctor has a patient come into his office and, after a brief talk, suspects that the person may be mentally unbalanced. He calls us up, admission is granted, phones for an ambulance, or directs the patient's friends where to go, and in perhaps half an hour his patient is comfortably installed in our wards.

With the exception of a brief period, during which we were quarantined, we have maintained the open door, refusing admittance to no patient who seemed at all suitable for care or observation here, and not only have they been admitted during the day, but at all hours of the night, and though this has caused considerable in-

convenience, we will admit without reluctance at any time, when there seems to be a worthy reason.

The elimination of formalities of admission, besides its several apparent advantages, has also its disadvantages, and occasionally, because of the ease of admittance, we receive into our wards unsuitable patients. From this charge of dumping we must exonerate to a large extent the public at large and the outside medical men, for the various public institutions of the city have been chief offenders. There was admitted to our wards within a few days, from three different public institutions or associations in the city, three patients. One aged lady, dying from a rodent cancer of the face; another, a young woman, in the last stages of tuberculosis; the third, a middle-aged woman, who came to our hospital so intoxicated that she fell down between the street and the door and had to be assisted into the hospital by our nurses. These three patients, admitted in quick succession to our female ward, presumably insane, but on short observation shown to have a mentality normal to their physical condition, almost discouraged those who desired to maintain the open door, and led to a desire to increase the formalities of admittance, but the ideal persisted in spite of this temporary setback, and happily such instances of imposition are few and becoming less and less, as the purpose of the hospital becomes better known.

The freedom of admission has been in part responsible also for two outbreaks of contagious disease. The first, scarlet fever, was happily limited to three cases, but closed our door for several weeks. The other, measles, was by prompt measures confined to a single case, but the menace of infection still remains in a hospital in which the newly admitted patient comes in close contact with all the other patients. The " open-door system " in operation at the Reception Hospital is unique among the charitable institutions of the city and province, and this fact oft-times works to our disadvantage. For instance, an

epileptic, or a suitable patient for a feeble-minded hospital, or for the Home for Incurables, Houses of Providence, or Industry, for a Boys' Home, or a Girls' Refuge, will come to us because of the ease of admission here, and the difficulties of admission to those other institutions, and we oft-times find it almost impossible to have these patients transferred to the institution to which they belong.

The open-door rule, to be successful, must work both ways. We must have a clear access to other institutions, if not, it will become imperative to investigate our cases before they come to us.

The impression has been held by some people that our hospital was an annex to the jail, that we were chiefly engaged in the handling of insane "jail-birds." This, however, is an erroneous idea as the following statements and figures will prove, and we bear the same relation to the jail and court, as do any of the other city hospitals. Just as a man, who having fallen into the hands of the police and found to be suffering from gunshot wound, is sent to an emergency hospital, so similar cases, suffering from mental trouble, are sent from the court to us. Indeed, our clientele has been quite cosmopolitan in nature, and has been of a wide range socially. We have had medical men, ministers, lawyers, dentists, druggists, and the wives of professional men. We have had the artisan, the railway man, the merchant, the man of wealth and leizure, and on through the whole gamut of social life, to the vagrant from the street. We have had the old man of fourscore years and two, and the boy of six.

From July, 1914, to October, 1915, there was admitted to the Reception Hospital, 685 patients. Of these, 185 were admitted from the court. The other 500 patients by the application of friends. Of the 685, 360, or 52 per cent., were, after a short sojourn in the hospital, sent home to their friends; 250, or 36 per cent., were sent to the Hospitals for the Insane. Twenty-eight died. Some

were sent to other charitable institutions, and 33 remained in residence.

A fact perhaps worthy of note, is that out of a total of 250 committed to the Hospitals for the Insane, there were fifty paretics, that is 20 per cent., or one in five. This seems to be a startling figure and awakens us to a realization of the enormous part that syphilis plays in the causation of insanity in a populous centre such as Toronto.

Our hospital, according to regulations fixed by law, is not supposed to admit drug habitues, nor those suffering from delirium tremens. Difficulties in diagnosis outside and inside the hospital, misrepresentation, and the dictates of humanity have, however, resulted in this regulation being broken and we have had on our list eleven cases of delirium tremens, an equal number of alcoholic hallucinosis, and four drug cases. Treatment of the drug cases has proved largely a failure with us, because of the short time limit in our hospital, and the admission of such patients is entirely discouraged. Treatment of our alcoholic patients in the open ward, with practically no restrictions, making use freely of hydrotherapy, refraining from the use of hypnotics and depressive drugs, and paying particular attention to elimination and liberal dieting, has given excellent results. One fatality from cardiac collapse immediately after admittance, marred an otherwise clear sheet of twenty-two complete recoveries.

Our hospital has had a somewhat varied career. It was first inaugurated in July, 1914, in the pavilion of the old General Hospital. In many ways this building was unsuitable, but it was felt that the work could be temporarily carried on there until a new hospital could be built. Two weeks after its inception, however, war was declared, and then, in view of the greater need, all hope of a new building in the immediate future was given up, and the staff settled down to making the best of our quarters, with a view to permanency. After a little more

than a year of occupancy, this building was requisitioned to form a part of the Riverdale Barracks, and the hospital was then installed in its present quarters on the Trinity College grounds. This building is just about as suitable for a Reception Hospital as one would expect a building erected as a private house over seventy-five years ago to be, but here, in a limited way, the work is being carried on, and the Reception Hospital idea, we hope, can be thus kept alive until a happier day shall arrive and, the war being over, attention can be again given to these problems, which are now quite properly given a secondary place. Like the bear, we are, as it were, hibernating and awaiting our springtime. When the war is over we will then hope for a speedy realization of our dream, a new and well-equipped Reception Hospital.

The scope of the work of the Reception Hospital is not yet well defined, and as it is entirely a new undertaking in Canada, there is no precedent near at hand to follow. This leads occasionally to some confusion, and there are many problems yet to be worked out. Already, however, it has gained the good-will of all the medical men who have had occasion to send in patients, and their only lament has been in regard to better accommodation for the better class of patients. It fills a long-felt need. The old Queen Street Hospital for the Insane will, ere long, be located in the splendid new Government Hospital at Whitby. When that time arrives the Reception Hospital will have become doubly indispensable to Toronto. The impracticability of taking all mental cases direct from their homes to Whitby will be quite patent to all who give the matter any thought. Our Reception Hospital will then become, as it were, the clearing-house for Toronto's mental afflicted.

The work of the hospital was supposed to be the observation and treatment of insanity, but our experience has shown that it has been impossible thus to confine it. We

have also to decide often as to whether a patient is defective or not, whether a patient is suitable for home life or for some children's refuge, whether another patient should be in an industrial home, or in a home for incurables. Again, in the case of penniless patients, who have come to us and recovered, the question of that patient's future will arise and we have to undertake social service, and even employment agency work.

These facts makes us ask what stand the future new hospital will take towards these problems. Shall it be strictly confined to suspected cases of insanity, or shall it enter that wider field, and become a clearing-house and classifier, not only for insanity, but also for the feeble-minded, the defectives, and the backward child? A hospital with a wide scope and large powers, able to say,—"This patient is mentally defective and admission must be granted to the hospital for such cases. This patient is sane, but incapable of supporting himself, and must be admitted to some industrial refuge. This patient is a suitable case for the Home for Incurables." It is a fact known to all who come in contact with this work, that there is great need of some central body or hospital that could observe patients and determine what institution should become responsible for the care of that patient. Many times, unsuitable patients have come to us simply because those institutions to which they seem to rightly belong had refused to regard them as being suitable cases.

It would be an advantage, no doubt, if our new hospital could be situated near the new General Hospital, in order that use might be made of its splendid laboratories and its laboratory staff interested in research along psychiatric lines. The outdoor clinics, which would be included in an up-to-date hospital, could be conducted, in part, at least, by those now interested in that work in the General Hospital, and the closeness to the University would engender enthusiasm and a desire for efficiency.

In connection with the hospital itself there should be a specially trained separate branch of the Social Service nurses. The need of the help that such a social service adjunct could give is now greatly felt in the carrying on of the work here.

Perhaps few hospitals have received as many and varied appellations as has the Reception Hospital, so-called by special "order-in-council." To some it is the Detention Home, to others the Detention Hospital, again the Rest Home, a branch of the Queen Street Hospital, the Psychopathic Hospital, the Psychiatric Clinic, and one lady outside of the hospital was quite original by addressing a letter to the Conception Hospital. There is not much in a name and little need be said, but to those who would have the new hospital called the Psychiatric Clinic, we would bring to mind the fact that this is a German appellation, which in English means something different to a hospital, and if we must follow behind the lead of the Germans in the study and treatment of insanity we can at least surely be original in the naming of our hospital, and in view of present events and the German origin we feel that the use of the term "Psychiatric Clinic," should naturally be tabooed.

The new hospital at Whitby is already far enough advanced to realize that it will become a monument to the foresight, thoroughness and public spirit, of those who are responsible for this work. Its beautiful grounds and buildings, its spacious wards and rest-rooms and splendid equipment cannot fail to convince one that a great step forward is being taken in the care of the province's mentally afflicted. It would be a great advantage if all the people of the community could visit that hospital when completed. It would dispel, we feel, forever, those morbid ideas which are associated in their minds with the still clinging words "lunatic asylum." Whitby, however, is somewhat distant from Toronto, and only a

small proportion of its people will ever visit the hospital grounds.

To the Reception Hospital then must be confided the task of disseminating a new knowledge of the care of the insane in Toronto. It is in the Reception Hospital that the friends of those patients that will go to fill up the Whitby Hospital will receive their first impressions of the Province's attitude toward the care and treatment of the insane. First impressions stick, and therefore very much of the benefit on public opinion of the magnificent new building at Whitby might be offset and lost. Therefore, in order to prevent this, we must have, in Toronto, an equally beautiful, comfortable, impressive and well-equipped new hospital. Since our commencement, for instance, taking the moderate average of four visitors per patient, there have come to our hospital nearly 3,000 people, all with a personal interest and each carrying away usually their first impressions of the care and environment of these patients. We cannot hope that the impression will be what it should be when they find us in an old, time-worn, unsuitable and poorly-equipped building. It is unfortunate for the sake of the Reception Hospital idea that this should be the case. For the impressions and associations of the old building will, unfortunately, follow us into the new.

The work of the resident physician in the Reception Hospital is in marked contrast to the work of the assistant physician in a regular institution. In the regular institution the question of insanity is presumably settled. In our hospital this is a question that must be determined in many cases, and the classification into the various forms of mental diseases must be given a secondary roll. Again, in a regular institution where, perhaps, the assisting physician has an average admission to his part of the hospital of, perhaps, two or three patients per week, and has these cases under his observation more or less permanently, his interest is centred on each case as a unit. In our

hospital, with an average admittance of from ten to twelve per week, many of these remaining under observation but for a few days, and, on an average, of less than a month, one's attention is directed not so much to the individual as to the stream. One's work is not so much the making of a complete mental history, as it is in determining whether or not that patient requires detention and treatment in a hospital, whether such treatment is likely to be of a permanent or temporary nature, or again, whether or not the patient is safe or able to live outside. One also comes in contact here with the near-insane, the border-line cases, and the insane of to-morrow. Many times also one is brought face to face with that other great problem so closely allied to the care of insane, the care of the feeble-minded.

Printed by
WILLIAM BRIGGS
Queen and John Streets
TORONTO